

Highlights from the 2019 AMA Annual Meeting

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News Editor

Catch up with the news and other key moments from the AMA House of Delegates' meeting in Chicago. The 2019 AMA Annual Meeting wrapped up on June 12.

Thursday, June 13

Prison inmates and staff should get more health education, training. Poor health outcomes are rampant in U.S. jails and prisons, thanks to subpar hand hygiene, oral health and other factors. The AMA, in a vote yesterday, also backed giving incarcerated women access to contraception. Read more.

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Doctors back funding plans to end HIV epidemic. In a strong show of support for major action to “end the epidemic of HIV nationally,” delegates yesterday voted to advocate funding plans that focus on:

- Diagnosing individuals with HIV infection as early as possible.
- Treating HIV infection to achieve sustained viral suppression.
- Preventing at-risk individuals from acquiring HIV infection, including through the use of pre-exposure prophylaxis (PrEP).
- Rapidly detecting and responding to emerging clusters of HIV infection to prevent transmission.

In a separate action, AMA delegates took action to address the 32 states and two U.S. territories that have punitive laws criminalizing individuals who fail to disclose HIV status to sexual partners.

“Current criminalization laws are outdated and do not reflect the current science of HIV transmission or the fact that HIV is a chronic, but manageable medical condition—particularly since nondisclosure

of other infectious diseases is not criminalized,” said AMA Board Member E. Scott Ferguson, MD.

People with HIV who take antiretroviral therapy medication as prescribed and are able to get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

In light of that, delegates adopted new policy to:

- | Advocate for repeal of legislation that criminalizes nondisclosure of HIV status for people living with HIV.
- | Work with other stakeholders to develop a program whose primary goal is to destigmatize HIV infection through educating the public, physicians and other health care professionals on current medical advances in HIV treatment that minimize the risk of transmission due to viral load suppression and the availability of PrEP.

Physicians support paid parental leave to boost health outcomes. Increases in paid parental leave were associated with drops in perinatal, neonatal, post-neonatal, infant, and child mortality in a sample of industrialized countries, according to research cited in an AMA Board of Trustees report.

Unpaid maternal leave provided through the Family and Medical Leave Act (FMLA) of 1993 in the U.S. has also been linked to mortality drops, but only among women who were married and had graduated from college. This suggests that lower-income families didn’t see the same benefit from unpaid leave. Now the AMA will work to change that. [Read more.](#)

Wednesday, June 12

Homeless people need more help, not stays in jail. People living on the streets are at higher risk of health problems, and laws that criminalize their existence only worsen their troubles.

“We know that many factors contribute to adverse health outcomes for homeless individuals. To help improve the health and well-being of people who experience homelessness, we must take a multipronged approach that includes collaboration among the community, government, social service organizations and physicians,” said AMA Board Member E. Scott Ferguson, MD. [Read more.](#)

Doctors issue a wake-up call regarding vector-borne diseases (VBDs) that are on the uptick. Diseases from mosquito and tick bites occur in every U.S. state and territory. The growing incidence of Lyme disease and recent outbreaks of Zika virus and chikungunya point to the need for

comprehensive vector-borne disease programs.

“Our country currently has limited capacity to properly control mosquitoes, ticks and other sources of vector-borne disease that are causing more and more people to become ill. In fact, approximately 80 percent of vector-control organizations lack the resources they need to prevent and control vector-borne diseases,” said AMA Board Member E. Scott Ferguson, MD.

“In order to protect our citizens from illness, we must ensure that health departments and other vector-control organizations are equipped with funding and resources necessary to prevent and control vector-borne diseases,” Dr. Ferguson said. “It is also vitally important that we educate health professionals and the public about existing and emerging vector-borne diseases as it will be critical to addressing both prevention and treatment efforts.”

Read more.

Health care AI must boost the quadruple aim to move forward. Use of augmented intelligence (AI) in health care is evolving rapidly, and issues regarding definitions of key terms, clinical efficacy and safety, equity, liability, usability and workflow integration are addressed in newly adopted AMA policy.

“Medical experts are working to determine the clinical applications of AI—work that will guide health care in the future. These experts, along with physicians, state and federal officials must find the path that ends with better outcomes for patients,” said Gerald E. Harmon, MD, former chair of the AMA Board of Trustees. “We have to make sure the technology does not get ahead of our humanity and creativity as physicians.” Read more.

Get rid of market barriers to appropriate pain management. Health insurers, pharmacy benefit management companies and others are making it harder for physicians to provide appropriate care to patients living with pain.

“Physicians have a responsibility to help end the opioid epidemic, and they are taking steps: more judicious prescribing that has resulted in a dramatic decline in opioid prescriptions, enhanced education, and lobbying for policies based on clinical evidence,” said AMA President Patrice A. Harris, MD, MA, chair of the AMA Opioid Task Force. “Physicians can’t be expected to fight the epidemic with one hand tied behind their back, handicapped by policies that limit choices for patients and have no basis in science.”

Read more.

Susan R. Bailey, MD, wins the office of AMA president-elect. The Fort Worth, Texas, allergist and immunologist is the third woman in a row to hold the office. Following a year-long term as president-elect, Dr. Bailey will assume the office of AMA president in June 2020. She will be the third woman in a row to hold the position.

AMA Immediate Past President Barbara L. McAneny, MD, and AMA President Patrice A. Harris, MD, MA, preceded Dr. Bailey in the office of AMA president-elect.

“It is a deep honor and privilege to be named president-elect of an organization that is committed to helping the medical profession and the patients we serve,” Dr. Bailey said during her acceptance speech. “Challenging times remain for the health care system and as AMA president-elect, I pledge to serve as a strong voice and dedicated advocate for patients and physicians on the pressing health care issues confronting our nation.”

Learn about other AMA leaders elected during the meeting. [Read more.](#)

Innovative models can improve access to psychiatric and other specialty care in underserved areas. Project ECHO (Extension for Community Healthcare Outcomes) was established in New Mexico in 2003 as an answer to the lack of care for patients in rural areas. The Massachusetts Child Psychiatry Access Project was created the following year. Both programs have similar goals and methods for addressing gaps in specialty care through telemedicine interventions, according to a resolution introduced by the Texas delegation.

Acknowledging the potential of these models, the AMA will:

- | Promote greater awareness and implementation of the Project ECHO and Child Psychiatry Access Project models among academic health centers and community-based primary care physicians.
- | Work with stakeholders to identify and mitigate barriers to broader implementation of these models in the United States.
- | Monitor whether health care payers offer additional payment or incentive payments for physicians who engage in clinical practice improvement activities as a result of their participation in programs such as Project ECHO and the Child Psychiatry Access Project; and if confirmed, promote awareness of these benefits among physicians.

“These training models offer a unique solution to specialty physician shortages by expanding the competencies and skills of physicians who are already providing patient care in our communities, rather than looking exclusively at increasing the physician workforce as the answer,” said AMA Board Member S. Bobby Mukkamala, MD. “The AMA supports multiple methods to help ease existing and predicted shortages, and we will continue to work toward ensuring more people have access to high quality health care.”

Take extra care when applying AI in medical education. Delegates have adopted new policy that further examines augmented intelligence (AI) and its potential to benefit for doctors and physicians in training.

“To realize the benefits for patient care, physicians must have the skills to work comfortably with augmented intelligence in health care. Just as working effectively with electronic health records is now part of training for medical students and residents, educating physicians to work effectively with AI systems, or more narrowly, the AI algorithms that can inform clinical care decisions, will be critical to the future of AI in health care,” said AMA Board Member S. Bobby Mukkamala, MD. [Read more.](#)

Medicaid should be extended to cover “fourth trimester” and beyond. Citing reports that the U.S. is the only industrialized nation with a rising maternal mortality rate and that an estimated 60% of maternal deaths are preventable, the AMA will take an action to help reverse this trend.

Delegates directed the AMA to “work with relevant stakeholders to support extension of Medicaid coverage to 12 months postpartum.”

“Medicaid covers nearly half of all births and plays a critical role in ensuring the health of mothers and babies. As physicians, we know new mothers’ medical needs extend beyond Medicaid’s current coverage period, and a longer coverage period would offer a healthier start for America’s families,” said Willarda V. Edwards, MD, MBA, a member of the AMA Board of Trustees.

How often do physicians and medical students die of suicide? Two in five physicians screen positive for depression and mental health issues, and burnout and other stressors are prominent across the continuum of physician education and practice. Medical students, meanwhile, are three times likelier to die of suicide than their counterparts in the general population. The AMA is seeking a clearer picture of the issue to direct effective action and save lives.

“It is vitally important that we take action now to fully understand the actual impact of suicide on our physician workforce. Our goal is to have access to data that will help us identify the systemic patterns and risk factors that lead to suicide, and ultimately help us prevent it,” said AMA Board Member S. Bobby Mukkamala, MD. “We will continue working to reduce burnout and increase access to mental health services for physicians and physicians-in-training—improving their well-being and leading to better health outcomes for their patients.” [Read more.](#)

How is GME funding being spent? The AMA calls for answers. Medicare is by far the largest single source of graduate medical education (GME) funding. Over the past two decades, however, Medicare’s financial support of residency training positions has not grown in any significant way, despite the growing demands for physicians.

Delegates modified AMA policy to “encourage the Secretary of the U.S. Department of Health and Human Services to coordinate with federal agencies that fund GME training to identify and collect information needed to effectively evaluate how hospitals, health systems and health centers with residency programs are utilizing these financial resources to meet the nation’s health care workforce needs.”

“This includes,” the policy adds, “information on payment amounts by the type of training programs supported, resident training costs and revenue generation, output or outcomes related to health workforce planning (i.e., percentage of primary care residents that went on to practice in rural or medically underserved areas), and measures related to resident competency and educational quality offered by GME training programs.” [Read more.](#)

Tuesday, June 11

Lifesaving naloxone should be available almost everywhere. Naloxone is an opioid-overdose antidote that if widely used could help stem the tide of the more than 130 Americans who die each day of drug overdoses. The drug has no potential for abuse and is harmless to those who are not experiencing an opioid overdose. Now the AMA is backing another solution to improve the antidote’s availability: naloxone boxes.

These are bystander-friendly kits designed to accommodate four doses of naloxone, one rescue breath mask and an information card on accessing addiction treatment. [Read more.](#)

AMA strengthens its anti-harassment policy. Delegates have adopted, without changes, the

recommendations of an AMA Board of Trustees report to bring the Association's implementation and enforcement procedures fully in line with current best practices.

That includes simpler ways to report alleged violations, processes to more promptly investigate and resolve claims, changes to ensure investigation independence and avoid conflicts of interests, and greater flexibility in procedures and processes.

A Leadership Viewpoints column that was published in April outlines the policies in detail. [Read more.](#)

AMA principles will further gender equity among physicians. Delegates have adopted a comprehensive set of principles on gender equity in medicine designed to address what an AMA Board of Trustees report calls "a complex, pervasive issue that requires a multilayered approach."

"The statistics on pay and leadership disparities in medicine are jarring, but sadly, unsurprising," said AMA Board of Trustees Chair Jesse M. Ehrenfeld, MD, MPH. "Even as the number of women in medicine increases—and women now outnumber men as physicians-in-training—more must be done to spur change and eliminate the bias and discrimination that adversely affect women and, consequently, our profession."

Among other things, the principles suggest that health care employers should review pay and promotion by gender for potentially discriminatory patterns. [Read more.](#)

Moments after being sworn in as the AMA's 174th president, Patrice A. Harris, MD, MA, reflected on a career and life journey that she called an "unlikely" one.

"It's truly a dream come true to stand before you tonight," said Dr. Harris, a psychiatrist from Atlanta who is the first black woman to hold the Association's highest office. "A dream my ancestors, parents, my extended family, and my friends supported before it even entered my imagination. A dream my West Virginia, Georgia, psychiatry and AMA families helped me achieve. And I know in my heart that, tonight, I am my ancestors' wildest dreams."

In her inaugural speech, Dr. Harris unveiled an ambitious plan for her year as AMA president. [Read more.](#)

Competition prescribed as remedy to wave of hospital consolidation. Concentration of hospital

markets, often caused by consolidation, can have negative effects on patients and physicians such as higher prices, less choice and fewer physician practice options, says a report from the AMA Council on Medical Services.

There were 561 hospital mergers between 2010 and 2015. The consolidation trend continued with 102 and 115 mergers documented in 2016 and 2017, the report says.

To protect patients and physicians from the potential negative effects of this consolidation, delegates adopted new policy to:

- | Affirm that antitrust relief for physicians remains a top AMA priority and that health care entity mergers should be examined individually, taking into account case-specific variables of market power and patient needs.
- | Strongly support and encourage competition in all health care markets.
- | Support rigorous review and scrutiny of proposed mergers to determine their effects on patients and physicians.
- | Continue to support actions that promote competition and choice, including: eliminating state certificate of need laws; repealing the ban on physician-owned hospitals; reducing administrative burdens that make it difficult for physician practices to compete; and achieving meaningful price transparency.
- | Work with interested state medical associations to monitor hospital markets, including rural, state and regional markets, and review the impact of horizontal and vertical health system integration on patients, physicians and hospital prices.

APMs should encourage service to vulnerable patients. Because alternative payment models (APMs) are typically designed to compensate for care that is not traditionally paid for, they present an opportunity to better serve vulnerable populations. But value-based payment programs can disproportionately penalize physicians serving the poorest and most vulnerable populations, according to an AMA Council on Medical Services report.

“We know that disparities in health outcomes are commonly related to nonmedical factors, including geography and socioeconomic status, which are among the factors in the social determinants of health. To affect change and truly realize optimal health for all, we must encourage care to specifically meet the needs of vulnerable populations,” said William E. Kobler, MD, an AMA Board of Trustees member.

“If patients’ basic needs are not met, they are unlikely to stay healthy, regardless of the quality of care received,” Dr. Kobler added. “Because APMs are typically designed to be flexible to compensate for care that is not traditionally reimbursed, they present an opportunity to better care for and serve vulnerable populations.”

The council’s report says it is “critical that social determinants of health be meaningfully incorporated into APM quality measures to encourage and support physicians to care for these patients.”

To that end, delegates adopted new policy to:

- | Support APMs that link quality measures and payments to outcomes specific to vulnerable and high-risk populations and reductions in health care disparities.
- | Encourage the development and implementation of physician-focused APMs that provide services to improve the health of vulnerable and high-risk populations.
- | Advocate for appropriate risk adjustment of performance results based on clinical and social determinants of health to avoid penalizing physicians whose performance and aggregated data are impacted by factors outside of the physician’s control.

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Physicians living with burnout should not face stigma. Many doctors are experiencing burnout, expressing feelings of professional demoralization and feeling professionally undervalued and overburdened, according to a AMA Board of Trustees report whose recommendations were adopted by delegates.

“The AMA supports and voices a position that burnout is derived from system and environmental issues, not from the individual physician,” the report states. “Physician burnout is a symptom of system dysfunction. This position is evidenced by AMA resources and services targeted at system-level approaches to intervention.”

Numerous AMA activities are aimed at preventing and reversing physician burnout. These include the launch of the free, online STEPS Forward™ practice transformation platform, working to improve usability of electronic health records, and the AMA Practice Initiative: Solutions to Increase Joy in Medicine.

To further the Association’s work in combating physician burnout, delegates modified AMA policy to:

- | Encourage state medical societies to collaborate with the state medical boards to: develop strategies to destigmatize physician burnout, and encourage physicians to participate in the state’s physician health program without fear of loss of license or employment.
- | Encourage medical staffs or organizational leadership to anonymously survey physicians to

identify local factors that may lead to physician demoralization.

Continue to offer burnout assessment resources and develop guidance to help organizations and medical staffs implement organizational strategies that will help reduce the sources of physician demoralization and promote overall medical staff well-being.

Continue to address the institutional causes of physician demoralization and burnout, such as the burden of documentation requirements, inefficient workflows and regulatory oversight; and develop and promote mechanisms by which physicians in all practice settings can reduce the risk and effects of demoralization and burnout, including implementing targeted practice-transformation interventions, validated assessment tools, and promoting a culture of well-being.

Match: The onus on applicants to separate PGY-1, PGY-2 spots should be eased.

Ophthalmology and urology will continue to have their own matches, but the AMA says more can be done to make life easier for medical students seeking entry into these fields. [Read more.](#)

What's needed to improve physician diversity pipeline programs? African Americans, Hispanics and other groups are underrepresented in medicine. Health inequities experienced by minority communities are often exacerbated by the lack of underrepresented minorities working as professionals in health and biomedical science fields, says a resolution adopted by the AMA House of Delegates (HOD).

Efforts to increase physician diversity at a grassroots level, known as pipeline or pathway programs, have been a priority for the AMA. Delegates called for a better understanding of the best practices associated with these programs. [Read more.](#)

The ACA should be strengthened, not abandoned. The AMA House of Delegates today adopted new policy to boost its push for universal coverage by improving the Affordable Care Act (ACA) while maintaining the Association's opposition to a single-payer approach to health system reform.

"Since the ACA was enacted into law in 2010, millions of Americans have gained health insurance. The policy question now is how to improve the law to insure even more," said AMA President Barbara L. McAneny, MD. "We need policies to make coverage more affordable for millions of Americans—both in the premiums they pay, as well as their cost-sharing responsibilities."

Delegates adopted recommendations of a report from the AMA Council on Medical Service at the 2019 AMA Annual Meeting to support:

- | Eliminating the subsidy “cliff,” thereby expanding eligibility for premium tax credits beyond 400% of the federal poverty level.
- | Increasing the generosity of premium tax credits.
- | Expanding eligibility for cost-sharing reductions.
- | Increasing the size of cost-sharing reductions.

Read more.

Watch tonight’s historic AMA presidential inauguration live on Facebook. If you’re not joining us here in Chicago, you can still watch the complete inauguration of Patrice A. Harris, MD, MA, as the AMA’s 174th president via live streaming on Facebook. Dr. Harris, a child psychiatrist from Atlanta, will become the first black woman to hold the office.

Learn more about Dr. Harris by reading her member spotlight profile or by watching the video below.

Upon Dr. Harris’ inauguration, the AMA will have three women serving simultaneously as president, immediate past president (Barbara L. McAneny, MD) and president-elect (Susan R. Bailey, MD). It will be the first time that has happened in the AMA’s 172-year history, and it comes 100 years after the first woman was seated in the AMA House of Delegates.

The event starts at about 5 p.m. CDT today. Tune in on Facebook Live.

Monday, June 10

Health records of immigrant children should not be given to the courts. Thousands of unaccompanied immigrant children are referred to the Department of Health and Human Services’ Office of Refugee Resettlement (ORR) annually, and confidential medical and psychological records and social work case files from ORR are increasingly presented in immigration court as evidence for deportation or further detention, according to a resolution introduced by the AMA Medical Student Section.

Such confidentiality breaches create distrust in the health system, the resolution adds.

Delegates directed the AMA to:

- | Advocate that health care services provided to minors in immigrant detention and border patrol stations focus solely on the health and well-being of the children.
- | Condemn the use of confidential medical and psychological records and social work case files as evidence in immigration courts without patient consent.

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Better data needed to prevent violence against transgender people. In the last few years, hundreds of transgender women, men and nonbinary individuals (people whose gender is not male or female) have been killed across dozens of U.S. states and cities, according to data cited in a resolution introduced by the AMA Minority Affairs Section and GLMA: Health Professionals Advancing LGBTQ Equality.

Meanwhile, a survey of transgender people found that 13% of all respondents reported being physically assaulted in the previous year while nearly half had experience sexual assault during their lifetimes, the resolution says.

“According to available tracking, fatal anti-transgender violence in the U.S. is on the rise and most victims were black transgender women,” said AMA Board Member S. Bobby Mukkamala, MD. “The number of victims could be even higher due to underreporting and better data collection by law enforcement is needed to create strategies that will prevent anti-transgender violence.

Given the sobering statistics and the need for more reliable trend data, the House of Delegates asked the AMA to “partner with other medical organizations and stakeholders to immediately increase efforts to educate the general public, legislators and members of law enforcement using verified data related to the hate crimes against transgender individuals highlighting the disproportionate number of Black transgender women who have succumbed to violent deaths.”

Delegates also directed the AMA to advocate:

- | That federal, state and local law enforcement agencies consistently collect and report data on hate crimes, including victim demographics, to the Federal Bureau of Investigation,
- | That the federal government provide incentives for such reporting; and for demographic data on an individual’s birth sex and gender identity be incorporated into the National Crime Victimization Survey and the National Violent Death Reporting System, in order to quickly identify positive and negative trends so resources may be appropriately disseminated.
- | A central law enforcement database to collect data about reported hate crimes that correctly identifies an individual’s birth sex and gender identity, in order to quickly identify positive and negative trends so resources may be appropriately disseminated.
- | Stronger law enforcement policies regarding interactions with transgender individuals to prevent bias and mistreatment and increase community trust.

| Local, state and federal efforts that will increase access to mental health treatment and that will develop models designed to address the health disparities that LGBTQ people experience.

Time to scrutinize PBMs' outsized role in Rx drug decision-making. The increasingly powerful role that pharmacy benefit managers (PBMs) play in the prices and availability of prescription drugs is one that merits scrutiny from regulators, says an AMA Council on Medical Service report whose recommendations were adopted at the 2019 AMA Annual Meeting in Chicago.

“It’s time to pull back the curtain on pharmacy benefit managers and how their practices negatively impact patients. How is it that PBMs and health plans profit from negotiated discounts on prescription drugs, while patients pay co-pays based on high drug list prices that even the plans themselves are not paying?” said Russell Kridel, MD, a member of the AMA Board of Trustees. “Because of market concentration and lack of transparency, patients and physicians are essentially powerless in the face of PBM pricing and coverage decisions.”

PBMs’ role in “managing drug benefits now resembles the typical role of insurers, and they should be treated as such by regulators,” the report adds. [Read more.](#)

Using the right words can help beat the deadly stigma surrounding addiction. While substance-use disorder is recognized by the AMA as a treatable disease, only 6.9% of 20.1 million Americans receive treatment for their condition, according to data cited in a resolution introduced by the AMA Young Physicians Section.

When physicians or other health professionals exhibit negative attitudes aimed at substance-use disorders, it is often linked to reduced empathy and engagement with patients. It also adds to reduced delivery of evidence-based treatment services and poorer patient outcomes.

Noting that language associated with substance-use disorders shapes attitudes among health professional towards patients with addiction, delegates adopted new policy for the AMA to:

- | Use clinically accurate, non-stigmatizing terminology (substance-use disorder, substance misuse, recovery, negative/positive urine screen) in all future resolutions, reports and educational materials regarding substance use and addiction.
- | Discourage the use of stigmatizing terms including substance abuse, alcoholism, clean and dirty.

The AMA also will “create educational materials on the importance of appropriate use of clinically

accurate, nonstigmatizing terminology and encourage use among all physicians and U.S. health care facilities.”

Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma touted the agency’s efforts to cut physicians’ administrative burdens in a speech to the AMA House of Delegates.

Redirecting the U.S. health care system away from government regulation and toward free-market competition will nurture innovation, improve care with physicians competing on cost and quality and allow patients to make their own decisions about their care, Verma said. [Read more.](#)

Let mature minors override refuseni parents on vaccination. Outbreaks of measles, pertussis, mumps and other vaccine-preventable conditions driven by parents who are refusing to immunize their children is bringing renewed attention to the fact that adolescents in 39 states must have their parents’ permission to get vaccinated.

“The prevalence of unvaccinated pediatric patients is troubling to physicians,” said AMA Board Member S. Bobby Mukkamala, MD. “Many children go unvaccinated as anti-vaccine related messages and advertisements target parents with misinformation. Allowing mature minors to provide informed consent to vaccinations will ensure these patients can access this type of preventive care.”

To help change that, delegates adopted new policy to support “state policies allowing minors to override their parent’s refusal for vaccinations” and encourage “state legislatures to establish comprehensive vaccine and minor consent policies.”

In a separate action, the delegates directed the AMA to develop model legislation for mature minor consent to vaccinations.

Learn how AMA policy gets made and earn CME. Today at 2 p.m. CDT, the AMA House of Delegates’ first business session of the 2019 AMA Annual Meeting will open. Delegates will consider proposals, offer testimony and amendments, and vote. Watch this space for updates on the policy actions they take.

Now, the best way to learn about these physicians’ democratic process is to see it in person. However, the AMA Ed Hub™ offers a very informative CME module, “How AMA Policy is Made,” which is designated by the AMA for a maximum of 0.75 *AMA PRA Category 1 Credit*™ (CME information and disclosures

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Through the module, you will learn to:

- | Describe the AMA sections.
- | Summarize how the sections contribute to AMA policymaking efforts.
- | Describe the process through which ideas generated by section members become AMA House of Delegates policies.
- | Illustrate parliamentary procedure and its use in the AMA policymaking process.

The AMA Ed Hub is an online platform that consolidates all the high-quality CME, maintenance of certification, and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.

This morning's education sessions (all times CDT):

- | **8–9 a.m.** “NIH's ‘All of Us’ research program: The role of physicians.” Regency Ballroom D. CME.
- | **8–9 a.m.** “Promoting America’s Health: Physicians in the U.S. public health service.” Acapulco. CME.
- | **9–10 a.m.** “Optimizing the physician practice of the future (driven by Associations).” Regency Ballroom D. CME.
- | **9–11 a.m.** “AMA Litigation Center Open Meeting.” Grand Ballroom A. CME.
- | **9:30–11 a.m.** “Training physicians in the art of the public forum.” Columbian. CME.
- | **9:30–11 a.m.** “CEJA Open Forum.” Crystal Ballroom A. CME.
- | **10:45–11:45 a.m.** “Physicians, take the lead: The importance of driving change within health care systems.” Columbus K/L. CME.

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit™*, unless otherwise noted. The deadline to claim credit is July 31, 2019. Log in to AMA Ed Hub™ for additional information.

Sunday, June 9

AMA member groups and sections representing medical students, residents and fellows, and many others across career stages, special interests and more had their own gatherings in Chicago.

The Annual Meetings of the AMA sections offer physicians and medical students the opportunity to influence policy, attend educational programs and network.

Discover what each group or section has learned and accomplished at their meetings in Chicago:

- | AMA Academic Physicians Section.
- | AMA Advisory Committee on LGBTQ Issues.
- | AMA Integrated Physician Practice Section.
- | AMA International Medical Graduates Section.
- | AMA Medical Student Section.
- | AMA Minority Affairs Section.
- | AMA Organized Medical Staff Section.
- | AMA Resident and Fellow Section.
- | AMA Senior Physicians Section.
- | AMA Women Physicians Section.
- | AMA Young Physicians Section.

AMA delegates will offer testimony today on more than 200 reports and resolutions up for consideration at the meeting. Delegates draw on their expertise, the best evidence in the medical and health policy literature, and the insights of their state and medical specialty societies to weigh in on proposals that run the gamut of issues affecting patients and physicians.

Watch this short video to learn more about how AMA policy is made.

These reference committees will meet from 8:30 a.m.–noon CDT today:

- | Reference Committee A, which covers **medical service**. Regency Ballroom A.
- | Reference Committee B, which covers **legislation**. Regency Ballroom B.
- | Reference Committee C, which covers **medical education**. Regency Ballroom C.
- | Reference Committee E, which covers **science and technology**. Regency Ballroom D.
- | Reference Committee F, which covers **AMA governance and finance**. Grand Ballroom.

Then, from 1:30–5 p.m. CDT, the following reference committees will meet:

- | Reference Committee on Amendments to Constitution & Bylaws, which covers the **AMA constitution, bylaws and medical ethics matters**. Regency Ballroom C.
- | Reference Committee D, which covers **public health**. Regency Ballroom D.

Reference Committee G, which covers **medical practice**. Regency Ballroom A.

Saturday, June 8

21st century medicine must tackle health inequity, AMA Executive Vice President and CEO James L. Madara, MD, tells delegates at today's opening session of the 2019 AMA Annual Meeting.

Progress in the AMA's efforts to reimagine medical education, rise to the challenge of chronic disease, and attack dysfunction in health care has expanded the organization's reputation for leadership and innovation. But, Dr. Madara said, progress in each of these areas is being slowed and he issued a call for action to address this bottleneck.

"What has become clear is that the inequities that persist throughout health care present obstacles to achieving our goals," he said. "As a nation, and as an association, we need to ensure that when solutions to improve health care are identified, that positive impacts are recognized by all—that one shared characteristic of such solutions is that they also bend toward health equity." [Read more.](#)

Physicians' insight and leadership is sorely needed for the hard choices ahead in health reform, AMA President Barbara L. McAneny, MD, said in her address to the AMA House of Delegates' opening session today.

"I'm afraid for the future of health care in our nation unless policymakers, with physician guidance, make necessary changes," said Dr. McAneny, a board-certified medical oncologist-hematologist from Albuquerque, New Mexico, who became the AMA's 173rd president last June.

She highlighted the AMA's role as the physicians' powerful ally in protecting the sanctity of the patient-physician relationship, fighting health care consolidation and reducing doctors' administrative burdens. [Read more.](#)

Today's education sessions:

7:30–8:30 a.m. "All things being equal: Creating gender equity within the workplace." Crystal Ballroom B. CME.

8:40–9:40 a.m. "The physician's guide to advocacy." Crystal Ballroom B. CME.

9–10 a.m. "Where do we go now? The medical student debt crisis." Field room.

9–10 a.m. "Back in the black: Personal finance for the young physician." Regency Ballroom D. Participation.

- | **9:15–10:45 a.m.** “What’s in an acronym? Comparing and contrasting MD and DO education/training, clinical practice and research.” Swissotel, 323 E. Wacker Drive, Room: St. Gallen 1 and 2. CME.
- | **9:45–10:45 a.m.** “Differences in Sex Development (DSD): Clinical and ethical implications for providers, patients, and parents.” Crystal Ballroom B. Participation.
- | **10–10:45 a.m.** “What does the science say about opioid management?” Crystal Ballroom C.
- | **10:30–11:30 a.m.** “Health care think tank: Medical students leading change.” Field room .
- | **11:30 a.m.–12:30 p.m.** “Central American forced migration: Public health knowledge for care delivery and advocacy.” Crystal Ballroom C.
- | **Noon–1:30 p.m.** “Down a road and back again: Making a late-life transition into a meaningful retirement. Columbus K/L. CME.
- | **5:45–6:15 p.m.** “Improving the health of all through Academic Medicine.” Columbus G. CME.

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The AMA designates each live activity for the maximum number of *AMA PRA Category 1 Credit™*, unless otherwise noted. The deadline to claim credit is July 31, 2019. Log in to AMA Ed Hub™ for additional information.

Learn about all the great education sessions offered over the course of the 2019 AMA Annual Meeting.

Friday, June 7

Watch tomorrow’s opening session live on Facebook. If you’re not joining us here in Chicago, you can still watch the complete 2019 AMA Annual Meeting opening session via live streaming on Facebook. Among other things, the session will feature speeches by AMA Executive Vice President and CEO James L. Madara, MD, and AMA President Barbara L. McAneny, MD.

The opening session begins shortly after 2 p.m. CDT, Saturday. Tune in on Facebook Live.

With the first full day of the meeting come a slew of educational opportunities for the physicians in attendance.

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Today's education sessions:

- | **8:15–11:15 a.m.** “Scale versus quality: Systems and the physician leadership challenge.” Crystal Ballroom A. CME.
- | **8:30–9:15 a.m.** “A question of ethics: Perspectives on end of life care and the role of medical aid in dying.” Acapulco.
- | **9:30–10:30 a.m.** “More than a pain in the neck: Correcting ergonomic stress in your practice setting.” Crystal Ballroom B. CME.
- | **11:30 a.m.–1 p.m.** “What's the future of Medicare quality measurement? CMS has a vision.” Crystal Ballroom A. CME.
- | **1–2 p.m.** “Public health practice: Becoming a more involved physician.” Regency Ballroom D. CME.
- | **1–1:45 p.m.** “Pop medicine: The impact of mainstream media on patients' preconceptions of health care.” Acapulco.
- | **1:10–2:40 p.m.** “Connecting the dots: Unprofessional behavior, mistreatment, impairment, and their impact on burnout in education and practice.” Columbus E/F. CME.
- | **1:30–2:15 p.m.** “The winners and losers of climate change: Impacting the health of communities.” Toronto.
- | **1:30–2:30 p.m.** “All hands on deck: Medical staffs mobilizing communities.” Crystal Ballroom B. CME.
- | **2–3 p.m.** “A new integrated primary care model for Medicare adults: Oak Street Health.” Crystal Ballroom A. CME.
- | **2:15–3:15 p.m.** “Is there a vaccine for burnout? Perspectives on resiliency and wellness.” Acapulco.
- | **2:45–3:45 p.m.** “Debunked! Myths — and truths — about Joint Commission accreditation.” Crystal Ballroom B.
- | **3:15–4 p.m.** “#MeToo in medicine: Sexual harassment in the health care industry.” Toronto.
- | **4–5 p.m.** “Nevertheless, she persisted: Women leaders in medicine.” Acapulco.
- | **4:45–5:15 p.m.** “Signed, sealed, certified: Understanding FDA certifications for wearables.” Toronto.
- | **4:45–5:15 p.m.** “PrEP to End HIV by 2030.” Plaza A-C. Participation.

Learn about all the great education sessions offered over the course of the 2019 AMA Annual Meeting.

Thursday, June 6

There are lots of great ways to follow the meeting online. Look for and use the #AMAmtg hashtag to help track the meeting's special moments as they unfold and follow the AMA on Twitter.

You also can use the #OurAMA hashtag to share your favorite AMA memories and talk about what you're seeing at the meeting and the impact it will have on the future of medicine.

And find out how AMA members move medicine—and share how you are doing it—by using the #MembersMoveMedicine hashtag.

The AMA's Facebook page also features a steady flow of outstanding meeting-related content.

And to get a real insider's view of the sights at the Interim Meeting, follow the AMA on Instagram.

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Here are some quick links to help you get the most out of the meeting, in person or online.

- | Access reports and resolutions delegates will consider, as well as reference committee reports and final actions as they become available.
- | Search the AMA Pictorial Directory to find your peers and stay connected before, during and after Annual and Interim Meetings (AMA members only).
- | Find out more about the education sessions held at the meeting and how to claim *AMA PRA Category 1 Credit*[™] when available.
- | Download and use the AMA meeting app for hotel maps and a full list of sessions and activities.

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The 2019 AMA Annual Meeting is now underway. Learn about what you should expect as 600 physicians, residents and medical students gather today through June 12. They are meeting in Chicago to consider proposals addressing a wide range of clinical practice, payment, medical education and public health topics.

Among the big issues:

- | Expanding access to affordable health care coverage.
- | Protecting privacy in the age of mail-order DNA tests.
- | Enhancing the nation's public health response to an increase in vector-borne diseases.
- | Making augmented intelligence work for patients and physicians.



| Collecting data to study suicide among physicians and physicians-in-training.

Read more.